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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Com	mittee			Office Use Only
NAME OF COMMITTEE (in	TYPE OR PR		cample: If typin ver the lines.	g, type	12FE4M5	
Robert Miller fo	or Congress					
		-				
ADDRESS (number an	d street)	Ct				
Check if dif						
than previous reported. (A		mento			CA S	95691
2. FEC IDENTIFIC	CATION NUMBER V	CITY			STATE A	ZIP CODE
C C0061241	16	3. IS THIS REPORT	NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT ED CA 12
		1				
	PORT (Choose One)	(b) 12-Day PRE	-Election Repo	ort for the:		
(a) Quarterly Re	eports:		Primary (12P)	,	General (1	2G) Runoff (12R)
April 15	Quarterly Report (Q1)			_		
July 15	Quarterly Report (Q2)	Ш	Convention (12C)	Special (12	2S)
	r 15 Quarterly Report (Q3)	Election on	M M /	D D /	YYYY	in the State of
January	31 Year-End Report (YE)	(c) 30-Day POS	ST-Election Rep	oort for the:		
			General (30G	i)	Runoff (30	R) Special (30S)
X Termina	ition Report (TER)	Election on	M M /	D D /	Y " Y " Y	in the State of
5. Covering Period	M M / D D D D D D D D D D D D D D D D D	/ Y Y Y Y Y 2016	through	M M 06	/ D D /	2016 Y
I certify that I have e	xamined this Report and	to the best of my ki	nowledge and	belief it is tr	ue, correct and	complete.
Type or Print Name	of Treasurer John Frone	field				
Signature of Treasure	y John Fronefield		[Electronically I	Filed] [Date 07	04 2016
NOTE: Submission of	false, erroneous, or incom	plete information may	subject the per	son signing	this Report to the	ne penalties of 2 U.S.C. §437g.
Office						EEC EODM 2
Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

PAGE 2 / 22

Write or Type Committee Name

Robert Miller for Congress

06 30 2016 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 5283.00 5283.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 5283.00 5283.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 5293.00 10815.38 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 5293.00 10815.38 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts PAGE 3 / 22 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Robert Miller for Congress

05 19 2016 06 30 2016 Report Covering the Period: From: To:

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. C	ONTRIBUTIONS (other than loans) FROM:		
(a	n) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	5283.00	5283.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL of contributions from individuals	5283.00	5283.00
(b		0.00	0.00
(c	c) Other Political Committees (such as PACs)	0.00	0.00
(c	TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	5283.00	5283.00
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00
	OANS:		
(a	Made or Guaranteed by the Candidate	0.00	5622.38
(b	,	0.00	0.00
(c	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	5622.38
	FFSETS TO OPERATING XPENDITURES		
	Refunds, Rebates, etc.)	0.00	0.00
	THER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
1	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	5283.00	10905.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

ents PAGE 4 / 22

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	5293.00	10815.38
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	90.00	90.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	90.00	90.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	5383.00	10905.38
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	100.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	5283.00
25.	SUBTOTAL (add Line 23 and Line 24)		5383.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	5383.00
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	IG PERIOD	0.00

: 97 A = G7 9 @ G B9 C I G'H9 L H F 9 @ 5 H9 8 'HC '5 'F 9 D C F H Ž G7 < 98 I @ 'C F ' ± H9 A ± N 5 H ± C B

Form/Schedule: F3T Transaction ID:

Robert Miller for Congress3065 Hawaii CtWest Sacramento, CA 95691June 30, 2016l, Robert Miller, forgive the outstanding balance of \$5,532.38 in personal loans to myCongressional campaign "Robert Miler for

Congress".Regards,Robert Miller

FOR LINE NUMBER: PAGE 6 OF (check only one) 11a 11b 11d 11c

22

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page 12 13a 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Robert Miller for Congress** Full Name (Last, First, Middle Initial) **Bob Miller** Date of Receipt Mailing Address 2001 35th 06 2016 07 City State Zip Code Transaction ID: SA11AI.4125 CA 94116 San Francisco FEC ID number of contributing Amount of Each Receipt this Period H6CA12183 federal political committee. 2361.00 Name of Employer Occupation N/A N/A Memo Item Receipt For: 2016 Election Cycle-to-Date Primary General 7983.38 Other (specify) Full Name (Last, First, Middle Initial) **Bob Miller** Date of Receipt Mailing Address 2001 35th 07 2016 City State Zip Code Transaction ID: SA11AI.4126 San Francisco CA 94116 FEC ID number of contributing C Amount of Each Receipt this Period H6CA12183 federal political committee. 2922.00 Name of Employer Occupation N/A N/A Memo Item Receipt For: 2016 Election Cycle-to-Date | Primary General 10905.38 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 5283.00 SUBTOTAL of Receipts This Page (optional)..... 5283.00

TOTAL This Period (last page this line number only).....

S

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 22 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Robert Miller for Congress		
Full Name (Last, First, Middle Initial) A. San Francisco Chronicle Mailing Address 901 Mission St		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
State: District:		ory/ Memo Item
State: President Other	Zip Code 94103 Out Category Type For: 2016 ry General (specify)	Memo Item pry/
Purpose of Disbursement Candidate Name Office Sought: House Disbursement F Senate Prima		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5283.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summary	of the	FOR LINE NUMBER: PAGE 8 OF 22 (check only one) 17 18 X 19a 19b 20a 20b 20c 21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Robert Miller for Congress			
<u>/</u> A.	Full Name (Last, First, Middle Initial) Bob Miller Mailing Address 2001 35th			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State San Francisco CA Purpose of Disbursement Loan repayment Candidate Name Office Sought: House Senate President State: CA District: 12	General	009 Category/ Type	Amount of Each Disbursement this Period 90.00 Memo Item Transaction ID : SB19A.4136
В.	Full Name (Last, First, Middle Initial) Mailing Address City State Purpose of Disbursement Candidate Name Office Sought: House Disbursement For Senate Primary President Other (s	General	Category/ Type	Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period Memo Item
C.	Full Name (Last, First, Middle Initial) Mailing Address City State Zip Purpose of Disbursement Candidate Name Office Sought: House Senate Primary Other (selection of the content of	General	Category/ Type	Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period Memo Item
	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)			90.00

Use separate schedule(s) for each category of the

FOR LINE N

IUMBER:		
one)	×	13a
		13k

PAGE 9 OF

OANS			Detailed Summar		(check only one	13a 13b
AME OF COMMITTEE (In Full)			Tra	ansaction	ID : SC/10.4102	
Robert Miller for Congress						
LOAN SOURCE Full Name (Last, F	irst, Middle Initia	ıl)	Memo Item		ction: 2016	
Bob Miller					Primary General	
Mailing Address 2001 35th					Other (specify)	,
City	State	ZIP Cod	е			
San Francisco	CA	94116				
Original Amount of Loan		ative Payment To I	90.00	Balance	Outstanding at Clo	ose of This Period
TERMS Date Incurred		Date Due	Interes	t Data		Secured:
	Y M M /		31/2016 Y	0.00	% (apr)	Yes No
List All Endorsers or Guarantors (i	f any) to Loan S	Source				res NO
1. Full Name (Last, First, Middle In	itial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP C	ode	Amount Guaranteed Outstanding:	- 7	,	· ·
2. Full Name (Last, First, Middle Init	ial)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	State ZIP C	ode	Guaranteed Outstanding:	7	7	/W
3. Full Name (Last, First, Middle Init	ial)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	State ZIP C	ode	Guaranteed Outstanding:	7	7	
4. Full Name (Last, First, Middle Init	ial)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	State ZIP C	ode	Guaranteed Outstanding:	7	7	
SUBTOTALS This Period This Page (or	· · · · · · · · · · · · · · · · · · ·		<u>-</u>		7 7	0.00
Carry outstanding balance only to LIN	E 3, Schedule D,	for this line. If n	o Schedule D, carry	y forward	to appropriate lin	e of Summary.

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: SC/10 Transaction ID: SC/10.4102

(Current loan amount of 1621.58 from a balance of 1621.58 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11 OF

	i
X	13a
	13b

DANS			Detailed Sun		(check only on	e) X 13a
AME OF COMMITTEE (In Full)				Transactio	n ID : SC/10.4103	
Robert Miller for Congress						
LOAN SOURCE Full Name (Last, Bob Miller	First, Middle Initia	l)	Memo		Election: 2016 Primary General	
Mailing Address 2001 35th					Other (specify)	V
City	State	ZIP Cod	le			
San Francisco	CA	94116				
Original Amount of Loan	Cumula	ative Payment To	Date	Balance	e Outstanding at C	lose of This Period
2384	00		0.00			0.00
Date Incurred Mo2 ^M / P19 ^D / Y Ž016	M M /	Date Due	Int 2/31/16	erest Rate	% (apr)	Secured:
List All Endorsers or Guarantors (if anv) to Loan S	Source			(Yes No
1. Full Name (Last, First, Middle Ir			Name of Emplo	yer		
Mailing Address			Occupation			
City	State ZIP C	ode	Amount Guaranteed Outstanding:	,		
2. Full Name (Last, First, Middle Ini	tial)		Name of Emplo	yer		
Mailing Address			Occupation			
City	State ZIP C	ode	Amount Guaranteed Outstanding:	,	,	
3. Full Name (Last, First, Middle Ini	tial)		Name of Emplo	yer		
Mailing Address			Occupation			
City	State ZIP C	ode	Amount Guaranteed Outstanding:	,	,	
4. Full Name (Last, First, Middle Ini	tial)		Name of Emplo	yer		
Mailing Address			Occupation			
City	State ZIP C	ode	Amount Guaranteed Outstanding:	,		
SUBTOTALS This Period This Page (c	ptional)					0.00
TOTALS This Period (last page in this	line only)				, ,	
Carry outstanding balance only to LIN	IE 3. Schedule D.	for this line. If r	o Schedule D.	carry forwar	d to appropriate li	ne of Summarv.

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4103

(Current loan amount of 2384.00 from a balance of 2384.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

×	13a
	13b

DANS			Detailed Summary		(check only one)	X 13a
AME OF COMMITTEE (In Full)			Trar	saction I	D : SC/10.4109	
Robert Miller for Congress						
LOAN SOURCE Full Name (Last, Bob Miller	First, Middle Initi	al)	Memo Item		ction: 2016 Primary General	
Mailing Address 2001 35th					Other (specify)	
City	State	ZIP Cod	de			
San Francisco	CA	94116				
Original Amount of Loan	Cumu	ative Payment To	Date	Balance (Outstanding at Clos	se of This Period
600	.00		0.00	L	, ,	0.00
Date Incurred MO4 / D01 / Y Ž016	M 09 M	Date Due	Interest 0011	Rate 0.00	% (apr)	Secured:
List All Endorsers or Guarantors	(if anv) to Loan	Source			γο (αρ.)	Yes No
Full Name (Last, First, Middle I			Name of Employer			
Mailing Address			Occupation			
City	State ZIP 0	Code	Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle In	itial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP (Code	Amount Guaranteed Outstanding:	7		
3. Full Name (Last, First, Middle In	itial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP (Code	Amount Guaranteed Outstanding:	7	,	
4. Full Name (Last, First, Middle In	itial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP (Code	Amount Guaranteed Outstanding:	7	7	* .
SUBTOTALS This Period This Page (optional)		·····		7	0.00
FOTALS This Period (last page in this	line only)				7 7	
Carry outstanding balance only to LII	NE 3. Schedule D	. for this line. If I	no Schedule D. carry	forward t	to appropriate line	e of Summary.

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: SC/10 Transaction ID: SC/10.4109

(Current loan amount of 600.00 from a balance of 600.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 15 OF

×	13a
	13b

OANS		for each category of to Detailed Summary Page	
IAME OF COMMITTEE (In Fu	•	Transac	ction ID : SC/10.4115
	ne (Last, First, Middle Initial)	Memo Item	Election: 2016 Primary
Mailing Address 2001 35th			General Other (specify) ▼
City	State	ZIP Code	
San Francisco	CA	94116	
Original Amount of Loan	Cumulative P	Payment To Date Bala 0.00	ance Outstanding at Close of This Period 0.00
TERMS Date Incurre	Ž016 M M / D	12/31/2016	e Secured: 00 % (apr) Yes No
List All Endorsers or Gua 1. Full Name (Last, First,	rantors (if any) to Loan Source Middle Initial)	e Name of Employer	
,			
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, N	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, N	/liddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, N	/liddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 9
SUBTOTALS This Period This	s Page (optional)	<u> </u>	0.00
	ge in this line only)		7 7 7
Carry outstanding balance of	nly to LINE 3, Schedule D, for the	his line. If no Schedule D, carry for	ward to appropriate line of Summary.

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: SC/10 Transaction ID: SC/10.4115

(Current loan amount of 220.50 from a balance of 220.50 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 17 OF

×	13a
	13h

DANS			for each category of Detailed Summary Pa	
AME OF COMMITTEE (In Full) Robert Miller for Congr			Transa	ction ID : SC/10.4110
LOAN SOURCE Full Name Bob Miller		e Initial)	Memo Item	Election: 2016 Primary
Mailing Address 2001 35th				General Other (specify) ▼
City	S	tate ZIP Cod	de	
San Francisco		CA 94116		
Original Amount of Loan	220.50	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period
Date Incurred M05 / D06 / Y List All Endorsers or Guara	ž016 Y		Interest Ra v/31/2016 0	te Secured: .00 % (apr) Yes No
Full Name (Last, First, M.)		Loan Source	Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 1 9 1
SUBTOTALS This Period This	Page (optional)			0.00
TOTALS This Period (last page	in this line only)		·····	, , , , , , , , , , , , , , , , , , ,
Carry outstanding balance only	y to LINE 3, Sched	lule D, for this line. If I	no Schedule D, carry for	ward to appropriate line of Summary.

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: SC/10 Transaction ID: SC/10.4110

(Current loan amount of 220.50 from a balance of 220.50 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 19 OF

\ /	4.0
Х	13a
	13b

AME OF COMMITTEE (In Full) Robert Miller for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Bob Miller Mailing Address 2001 35th	Memo Item	Election: 2016 Primary General Other (specify) ▼	
LOAN SOURCE Full Name (Last, First, Middle Initial) Bob Miller Mailing Address 2001 35th		Primary General	
2001 35th			
City State ZIP Code			
San Francisco CA 94116			
Original Amount of Loan Cumulative Payment To Da	ate Balanc	ce Outstanding at Close of T	his Period
220.50	0.00	2	0.00
	Interest Rate 0.00	Secured Yes	X
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	Name of Employer		
1. Full Name (Last, First, Middle Initial)	value of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Dutstanding:	, , , , , , , , , , , , , , , , , , ,	
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address C	Occupation		
City State ZIP Code	Amount Guaranteed Dutstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Dutstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address C	Occupation		
City State ZIP Code G	Amount Guaranteed Dutstanding:		
SUBTOTALS This Period This Page (optional)	· ·	9 9	0.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no		7 7	

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SC/10 Transaction ID: SC/10.4116

(Current loan amount of 220.50 from a balance of 220.50 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 21 OF

	1
X	13a
	13h

DANS			Detailed Summary		(check only one)	×	13a 13b
AME OF COMMITTEE (In Full) Robert Miller for Congre	SS		Tran	saction	ID : SC/10.4122		
LOAN SOURCE Full Name (le Initial)	Memo Item		ction: 2016		
Mailing Address 2001 35th					General Other (specify) ▼		
City		State ZIP Cod	de				
San Francisco		CA 94116					
Original Amount of Loan		Cumulative Payment To	Date E	Balance (Outstanding at Close	e of This	Period
9 9	265.30		0.00		, ,	0.00	0
Date Incurred M 05 / D 18 D / Y 2	Ž016 Y	Date Due	Interest F 2/31/16	Rate 0.00	Se % (apr)	ecured:	X No
List All Endorsers or Guarar	ntors (if any) to	Loan Source				163	110
1. Full Name (Last, First, Mic	ddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	. ,			
2. Full Name (Last, First, Mid-	dle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	,		
3. Full Name (Last, First, Mid-	dle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	- 7			
4. Full Name (Last, First, Mid-	dle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7			
SUBTOTALS This Period This P	age (optional)		>		7	0.00	0
TOTALS This Period (last page i	n this line only)				7	0.00	0
Carry outstanding balance only	to LINE 3. Sche	dule D, for this line. If	no Schedule D. carry t	orward	to appropriate line	of Sum	marv.

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: SC/10 Transaction ID: SC/10.4122

(Current loan amount of 265.30 from a balance of 265.30 has been forgiven)